


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90222 019 ****61.25

DOCUMENT # N94000001981

1. Entity Name
THE GREATER MIAMI COALITION OF 100 BLACK WOMEN COMMUNITY SERVICES, INC.



Principal Place of Business
**16612 NW 70TH CT
MIAMI FL 33014**

Mailing Address
**P.O. BOX 174027
HIALEAH FL 33017**



2. Principal Place of Business
20816 San Simeon Way

3. Mailing Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33179

Country

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0421738** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROBINSON, CAROLYN A
16612 NW 70TH CT
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carolyn Robinson** DATE **4/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE ROBINSON, CAROLYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, CAROLYN		NAME	
STREET ADDRESS 16612 NW 70TH CT		STREET ADDRESS 20816 San Simeon Way # 103	
CITY-ST-ZIP MIAMI FL 33014		CITY-ST-ZIP Miami, FL 33179	
TITLE VD	<input type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, VIRGINIA		NAME Carla King-Crockett	
STREET ADDRESS 5630 NW 178 ST		STREET ADDRESS 13754 NW 41th St	
CITY-ST-ZIP MIAMI FL 33055		CITY-ST-ZIP Pembroke Pines, FL 33028	
TITLE VB	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKE, LINDA		NAME Marchelle Hill	
STREET ADDRESS 3830 NW 194 ST		STREET ADDRESS 19200 NW 51st ave	
CITY-ST-ZIP MIAMI FL 33055		CITY-ST-ZIP Miami, FL 33055	
TITLE VD	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMIN, AFRAH		NAME Sacha Thomas	
STREET ADDRESS 193 N.E. 141 STREET, #B		STREET ADDRESS 1441 NW 68 ST	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP Miami, FL 33147	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYLER, PHYLLIS		NAME	
STREET ADDRESS 15860 SW 103RD PL		STREET ADDRESS Delete	
CITY-ST-ZIP MIAMI FL 33157		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, MARSHA		NAME	
STREET ADDRESS P.O. BOX 245762		STREET ADDRESS 33024-5762	
CITY-ST-ZIP PEMBROKE PINES FL		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carolyn Robinson** DATE: **4/13/03** (305)243 5295

CR2E037 (10/02)